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## Alabama Board of Physical Therapy

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Fax: (334) 242-3288

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## LICENSE RENEWAL

IN	1P	O	RT	$\Gamma \mathbf{A}$	NT.	ГΝ	$\mathbf{O}^{r}$	П	CE

(1) Your license will expire at midnight September 30th of the current year. To renew your license, return this form with: (1) certificate(s) of attendance at Board-approved continuing education (10 hours PT, 6 hours PTA); and (2) appropriate renewal fee (\$70 PT, \$50 PTA) no later than September 30. No personal checks, cash, or credit cards accepted. A \$50 late fee is due after Sept 30th.

			Lic No.	Business Address			
			Lic Type				
Date Licensed :							
(2) If your addresses are	different from those shown above, make	corrections below.					
	New Home Mailing Address			New Business Address			
Name		Nam	Name				
Street		Stree	t				
City, State, Zip		City,	City, State, Zip				
Home telephone numbe	r	Cour	ıty				
		Busine	ss telephone num	ber Business fax number			
		I					
	ted of a felony or misdemeanor, entered a	plea of nolo contendere,	or received deferr	ral adjudication in the last 12			
onths?							
	YESNO						
you checked YES, give	a full explanation using an additional pag	e.					
) Correct and current as	of:						
Date	Signature			Daytime telephone number			